

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 500000

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		(1)		1		
6		(1)		1		
7		(1)		1		
8		(1)	C	C		
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13		(1)		1		
14		(1)		1		
15		(1)		1		
16		(1)		1		
17		(1)		1		
18		(1)		1		
19		(1)		1		
20		(1)		1		
21		(1)		1		
22		(1)		1		
23		(1)		1		
24		(1)		1		
25		(1)		1		
26		(1)		1		
27		(1)		1		
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29		(1)		1		
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31		(1)		1		
32		1		1		
33		1		1		
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39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45		(1)		1		
46		(1)	C	C		
47						
48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	45	←	42	←		←
TOTAL CLAIMS	47		44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						